

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**10/049268**

FILED DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1	1			
3		2	2			
4		2	2			
5		2	2			
6		2	2			
7		2	2			
8	1		1			
9	1		1			
10		2	2			
11		2	2			
12	1		1			
13		2	2			
14		2	2			
15	1		1			
16		2	2			
17		2	2			
18		2	2			
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37		2	2			
38		2	2			
39		2	2			
40		2	2			
41		2	2			
42		2	2			
43		2	2			
44			1			
45			1			
46			1			
47			1			
48			1			
49			1			
50			1			
TOTAL IND.	5		9			
TOTAL DEP.	20		74			
TOTAL CLAIMS	25		83			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY